

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/089542		FILING DATE			
						APPLICANT(S)					
9/22/03 CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4	1						54				
5	1						55				
6	1						56				
7							57				
8		1					58				
9	1						59				
10							60				
11		1					61				
12	1						62				
13	1						63				
14							64				
15							65				
16							66				
17							67				
18							68				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3		3		TOTAL IND.				
TOTAL DEP.			9		11		TOTAL DEP.				
TOTAL CLAIMS			12		14		TOTAL CLAIMS				